



**KARABAR HOUSING CO-OPERATIVE**

284 Crawford Street, Queanbeyan NSW 2620  
 P.O. Box 131, Queanbeyan NSW 2620  
 Phone 02 6299 3645 (Mobile: 0429 206 632)  
 Email: karabarhousing@gmail.com

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<b>DETAILS OF APPLICANT(S)</b>		
Surname	(1)	(2)
Given Names	(1)	(2)
Current Address	(1)	(2)
Telephone/ Mobile	(1)	(2)
Email	(1)	(2)
Composition of Family (Eg widow with 4 children)		
Dependent children (under 18) living with you and need to be accommodated	Name:	Age:
	Name:	Age:
	Name:	Age:
Other persons to be accommodated. Reason.	Name:	Reason:
At risk factors in current accommodation/Special Needs? (ie Need interpreter; ageing (55+);		
Length of time at current address	(1)	(2)
Current weekly rent		
Name of Landlord		
Current Type of Housing	Private Rental/Owned: <input type="checkbox"/>	Private Rental/Owned <input type="checkbox"/>
	Family/Friends: <input type="checkbox"/>	Family/Friends <input type="checkbox"/>
	Public/Community Housing: <input type="checkbox"/>	Public/Community Housing <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Reason for leaving		
<b>PERSONAL DETAILS (*evidence required)</b>		
Age and DOB	(1)	(2)
ID: Driver's Licence No: (copy of driver's licence, Medicare number, passport, etc.)		
Occupation	(1)	(2)
Employer	(1)	(2)
Period of Employment*	(1)	(2)
Gross Weekly income (normal)*	(1)	(2)
Other Income*	(1)	(2)
Previous 5 years' employment *	(1)	(2)
Next of Kin (name & number)	(1)	(2)

Signature of Applicant(s) \_\_\_\_\_

Date: \_\_\_\_\_



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**ASSESSMENT CRITERIA  
TOOL TO ASSESS CLAIM FOR FINANCIAL DISADVANTAGE**

Name:

Date:

<b>INCOME FOR THE LAST MONTH (2 X fortnights)</b>	<b>Fortnightly</b>	<b>1 Month</b>	<b>3 Months</b>
<b>(Evidence demonstrated and viewed)</b>	<b>YES/NO</b>		
<b>Pension/Centrelink benefits</b>	\$	\$	\$
(Rental Assistance component) \$ _____			
<b>Household income</b> through paid Employment (Applicant - 3 most recent payslips)	\$	\$	\$
(Partner) (3 most recent payslips)	\$	\$	\$
<b>Other Income</b> (household combined) – Insurance	\$	\$	\$
(household combined) – Superannuation	\$	\$	\$
(household combined) – Child support; family or other (explain)	\$	\$	\$
<b>Bank statement</b> (savings) \$ _____	\$	\$	\$
<b>Total</b>	\$	\$	\$
<b>EXPENDITURE FOR THE LAST THREE MONTHS</b>			
	<b>Fortnightly</b>	<b>1 month</b>	<b>3 months</b>
Rent	\$	\$	\$
Electricity & Gas	\$	\$	\$
Telephone, mobile phone & internet	\$	\$	\$
Ongoing expenses due to ill health, disability or other medical condition, incl. medical bills (specialist & GP); Pharmaceuticals/ other medical aids/ alerts	\$	\$	\$
Groceries	\$	\$	\$
Car expenses and/or travel expenses (bus/taxis)	\$	\$	\$
Child Care/Centrelink/ATO debt	\$	\$	\$
Other (Explain)	\$	\$	\$
<b>Total</b>	\$	\$	\$
Difference between income and expenditure for the last fortnight, month, three months	\$	\$	\$
Fortnightly difference (divide by 6)	\$	\$	\$
<b>OFFICE USE:</b>			
<b>Full Rental (@75% market rent)</b>	\$	\$	\$
<b>Proposed Rental</b>	\$	\$	\$
<b>Authorised Reduced Rental</b>	\$	\$	\$
( _____ % difference)	\$	\$	\$
<b>Manager's Signature:</b>	<b>Date:</b>		
<b>CEO's Signature</b>	<b>Date:</b>		